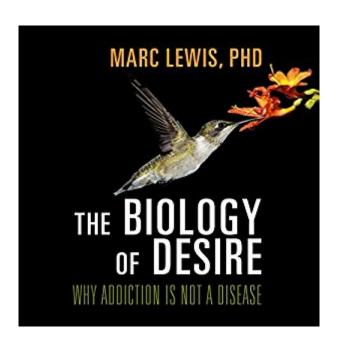
## The book was found

# The Biology Of Desire: Why Addiction Is Not A Disease





### **Synopsis**

Through the vivid, true stories of five people who journeyed into and out of addiction, a renowned neuroscientist explains why the "disease model" of addiction is wrong and illuminates the path to recovery. The psychiatric establishment and rehab industry in the Western world have branded addiction a brain disease based on evidence that brains change with drug use. But in The Biology of Desire, cognitive neuroscientist and former addict Marc Lewis makes a convincing case that addiction is not a disease and shows why the disease model has become an obstacle to healing. Lewis reveals addiction as an unintended consequence of the brain doing what it's supposed to doseek pleasure and relief - in a world that's not cooperating. Brains are designed to restructure themselves with normal learning and development, but this process is accelerated in addiction when highly attractive rewards are pursued repeatedly. Lewis shows why treatment based on the disease model so often fails and how treatment can be retooled to achieve lasting recovery, given the realities of brain plasticity. Combining intimate human stories with clearly rendered scientific explanation, The Biology of Desire is enlightening and optimistic listening for anyone who has wrestled with addiction either personally or professionally.

#### **Book Information**

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#### **Customer Reviews**

Near the end of Lewisâ Â<sup>TM</sup> valuable book on addiction and the misguided addiction treatment industry, the following quote appears:"Addicts experience something breathtaking when they can stretch their vision of themselves from the immediate present back to the past that shaped them and forward to a future thatâ Â<sup>TM</sup>s attainable and satisfying."Heâ Â<sup>TM</sup>s making a valuable point

about how self-awareness, identity, and belonging to a caring community contribute to recovery (a word, by the way, he doesn $\tilde{A}$ ¢ $\hat{A}$  $\hat{A}$ <sup>TM</sup>t like). Problem is, this point comes too late in the book to do much good. I imagine thousands of readers having given up way beforehand. Lewis himself has stated in an ill-advised diatribe against at an reviewer, the book is meant for the layperson, but that statement is hard to square with his chronic and often confusing references to brain parts that govern craving,  $\tilde{A}\phi\hat{A}$   $\hat{A}cenow$  thinking,  $\tilde{A}\phi\hat{A}$   $\hat{A}$  and all the other emotional and physiological factors that make addiction so baffling. He does include a little brain map near the beginning, but that didnâ Â™t help me muchâ Â"and I read this book carefully. Not that his brain mapping, and frequent references to the Ventral striatum, the Amygdala, et al isnâ Â™t valuableâ Â"it is just presented in too disorganized a manner to be easily understood. Worse, I kept waiting for him to explain how this information could help an addict grow beyond his addiction. He sort of gets to this point at the very endâ Â"and his advise comes off as a bit suspect, even if it is valuable. He mentions Peter Sheathâ Â™s Reach Out Recovery in the city of Birmingham, England, which is designed to enlist the community in a campaign to help addicts when they decide they want help. Great idea, but it $\tilde{A}$ ¢ $\hat{A}$   $\hat{A}$ <sup>TM</sup>s unproven (and sounds Utopian). In any case, the final chapter, â ÂœDeveloping Beyond Addiction.â Â• which should be the meat of the book, comes off more as an after-thought. On the plus side, he makes a strong argument â Â"both biological and philosophicalâ Â"against the disease model, arguing that addiction carves out the same neural canals as growth and learning. Memo to Marc Lewis (from a reader who â Â<sup>TM</sup>s no stranger to this problem): rewrite your book, or write another one, this time with a talented editor who can organize your strong material into something stronger.

I can strongly recommend this very well-written study that manages to blend beautifully the personal accounts of people who have experienced addiction with an understanding of how the brain works. The two-pronged approach, involving often harrowing accounts, is necessary in order to gain a full picture of the nature of addiction. The author cuts very skilfully between brain science and a sympathetic treatment of the insightful autobiographies, such that the various features of addiction can be linked to what is happening in the brain. Such aspects of addiction as (i) the fracture between wanting and liking (wanting of drugs can increase drastically without a corresponding increase in the liking of them), (ii) the urge of immediate gratification in the face of long-term damage, (iii) the striking similarity between addiction and love and (iv) the central role of the brain chemical dopamine are explained very well, always being linked to the personal angle. Although the bulk of the book is devoted to addiction to substances, the author rightly notes that addictions to sex

or gambling show some very similar properties to drug addiction. The book is written in a very clear style with a rich sense of humour, such that it could be read equally well by the expert and non-expert alike. It has a particular weight of conviction given the authorâ Â™s unique credentials: a respected neuroscientist with his own history of addiction. The author rightly dismisses the kind of all-or-none logic that if the brain is involved in addiction, then it must be a disease. Misquided  $\tilde{A}\phi\hat{A}$   $\hat{A}$  social versus biological  $\tilde{A}\phi\hat{A}$   $\hat{A}^{TM}$  dichotomies rightly have no place in this book. The central premise of the book is that the designation of  $\tilde{A}\phi\hat{A}$   $\hat{A}$  disease  $\tilde{A}\phi\hat{A}$   $\hat{A}^{TM}$  to describe addiction has outlived its usefulness, though the author notes that this term is at least better than descriptions that suggest that addicts are simply weak-wiled or sinners. The medical model encourages passivity, rather than persuading the addict to make a life-review, to try to change their priorities in life and to anticipate a better future. I see the author â™s logic but I wonder whether it might be that we are bedevilled here by the problem of the social construction of language. That is to say, words do not necessarily convey an unambiguous meaning that is divorced from the goals and agenda of the user. For some purposes, it might still be useful to see addiction as a disease; as the author acknowledges, this helps to keep research money coming in and triggers sympathy rather than punitive measures. However, the situation might do a sudden flip whereby, in the spirit of this book and like the flip from seeing a rabbit to seeing a duck in an ambiguous figure, the word is a very dangerous hindrance to progress. The author emphasizes that addictions are examples of learning and habit formation. By the same token, I was led to speculate whether he would resist the use of the term â Â^diseaseâ Â™ (or â Â^dis-easeâ Â™ or â Â^illnessâ Â™) to describe depression, anxiety, obsessional disorder and post-traumatic stress disorder since learning is doubtless of central importance there too and in some cases mindfulness meditation can help. Depending upon various circumstances, obesity might be treated as a disease by the use of gastric surgery or as a bad habit, a learning problem, by a switch of diet. Could there be some addicted people for whom it is all too much to try to project into the future to an addiction-free existence and where the label of disease is useful, whereas doubtless there are many others who would be lifted out of the pits of despair by following the message of this book? If so, I donâ Â™t know how we might distinguish these two groups in advance. A double-blind study of efficacy would be useful but the practicalities of doing so are formidable. Concerning brain changes accompanying addiction, I would micro nit-pick with the claim on page 42 that: â ÂœThese changes donâ Â™t result from addictive substances. They are not caused by booze or drugs. â Â• Surely they are partly caused by the substance but acting in combination with the environment and the hedonic experience. The substance needs to occupy receptors for the effect to occur. After that you might

get high on any arbitrary substance in the belief that it is the target drug. One assumes that the casino, prostitute or porno movie has its effect in part by means of triggering similar chemical changes. Similarly on page 52 the author writes  $\tilde{A}\phi\hat{A}$   $\hat{A}$   $\hat{A$ 

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